

## Temporary Permission for Program Flexibility and for Emergencies

When the Medical Health Coordination Center (MHCC) is activated, Providers and District Offices (DOs) will submit requests to [CHCQDutyOfficer@cdph.ca.gov](mailto:CHCQDutyOfficer@cdph.ca.gov)

This form is to be used ONLY for program flexibility requests when providers temporarily need to comply with licensing requirements by using alternative concepts, methods, procedures, techniques, equipment, or personnel.

Providers are required to submit a program flexibility request to the California Department of Public Health (CDPH), Center for Health Care Quality for approval. This form is a mechanism to expedite the request directly to the Medical Health Coordination Center (MHCC) for approval in emergency situations.  
<https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/DistrictOffices.aspx>

Facility Name

Healthcare Center of Orange County

Date of Request

July 7, 2020

License Number

060000149

Facility Phone

714.826.2330

Facility Fax Number

714.922.9896

Facility Address

9021 Knott Ave

E-Mail Address

administrator@orangerehab.com

City

Buena Park

State

Ca

Zip Code

90620

Contact Person's Name

[REDACTED]

### Approval Request

Complete one form total per facility

- Staffing  Other
- Tent use (High patient volume)  Bed Use
- Space Conversion (other than tent use)  Over bedding

### Duration of Request

Start Date May 1, 2020

End Date August 30, 2020

### Program Flex Request

What regulation are you requesting program flexibility for? title 22-section 72329.1 and 72329.2

### Justification for the Request

- A disease outbreak (verifiable through sources such as the local emergency medical service agency (LEMSA), local Public Health Officer, CDPH Division of Communicable Disease Control, the Centers for Disease Control and Prevention) is present in the community where the hospital is located or in a contiguous area(s) causing a rapid influx (surge) of patients to the hospital. Examples of this type of surge include: Increased cases of seasonal influenza, onset of a severe acute respiratory syndrome-type or other highly contagious virus requiring acute care, an epidemic/pandemic, a bioterrorism agent, or a declared public health emergency.
- An emergency resulting in the need for increased patient accommodations has occurred in the community where the hospital is located or in a contiguous area(s) causing a rapid influx (surge) of patients to the hospital. Examples of this type of surge include: A natural or human-caused disaster, a crime incident or transportation accident resulting in numerous mass casualties, an emergency causing the evacuation of patients or diversions from another hospital (LEMSA diversion has been implemented).

Facility

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License Number

060000149

Request Date

July 7, 2020

**Justification for the Request**

Other:

**Exhausting Available Alternatives**

The provider must exhaust available alternatives before requesting increased patient accommodations. Check all that apply:

- Rescheduling non-emergent surgeries and diagnostic procedures.
- Transferring patients to other beds or discharge as appropriate.
- Setting clinics for non-emergency cases (if possible).
- Requesting ambulance diversion from LEMSA, if appropriate.
- Other

**Adequate Staff, Equipment and Space**

The provider must make arrangements for adequate staffing, equipment and space for increased patient accommodations. Check all that apply:

- A plan is in place for staff if the request is for use of alternate space.
- A plan is in place for equipment if the request is for use of alternative space.
- The proposed space for care of patients provides sufficient square footage to ensure access for safe care.
- Other:

**Additional Information**

Provide a brief description of your conditions and explain the need for program flexibility. Provide a brief description of the alternative concepts, methods, procedures, techniques, equipment or personnel to be used, and the conditions under which this program flexibility will be used. Attach additional supporting documentation as needed.

We are requesting program flex for staffing due to the Covid Pandemic. Due to staff illness, staff not being able to work second jobs, school closures and other restrictions brought on by the covid virus we are unable to staff at appropriate levels on all days. We are asking the CDPH waive the requirements to meet 3.5/2.4 for the duration of the pandemic. The facility has mitigation plans in place to address staffing as needed.

This includes:

- \*Daily calling of staff not scheduled.
- \*Daily IDT meeting to address staffing needs.
- \*Daily interviews for nursing personnel, full or part time.
- \*Increased wages being offered.
- \*utilizing non traditional schedules to increase hiring of staff.
- \*Monitor all residents utilizing "All Staff" including Licensed nurses, Social Service and activities to be able to provide appropriate levels of care.

Administrator

Signature of person requesting program flexibility

Title

Printed Name

**NOTE:** Approval for tent use, space conversion, bed use and over-bedding will be time limited and dependent on the facts presented that substantiate the emergency. Initial approval may be given verbally by the local DO; however, a signed written approval must be distributed (faxed) to the facility and filed in the facility's folder.

For CDPH Use Only

**Center for Health Care Quality Approval:**

Permission Granted from: 7/7/20 to 9/30/20

Permission Denied: Briefly describe why request was denied in comments / conditions below:

Comments / Conditions:

CHCQ Printed Name:

CHCQ Staff Signature: \_\_\_\_\_

Date:

District Manager

8/19/20

L&C District Office Staff Signature

Title

Date